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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CON of 08/385,194 02/07/1995 PAT 6,685,941 which is a CON of 08/076,071 06/10/1993 ABN
 and is a CIP of PCT/US93/03155 04/06/1993
~~which is a CON of 07/864,805 04/07/1992 ABN~~
~~and is a CON of 07/864,807 04/07/1992 ABN~~
~~and is a CON of 07/864,866 04/07/1992 ABN~~
~~which is a CIP of 07/275,433 11/23/1988 ABN~~

**** FOREIGN APPLICATIONS *******
None M

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/11/2005**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met.after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY IL	SHEETS DRAWING 25	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
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ADDRESS
23535

TITLE
Methods of treating autoimmune disease via CTLA-4IG

FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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